



## **PASC Governing Board Meeting Minutes June 4, 2012**

### **I. CALL TO ORDER AND ROLL CALL**

Ms. Navarro called the meeting to order. Mr. Castano called the roll:

Members present: Ms. Argenta, Ms. Becker Kennedy, Mr. Castano, Mr. Davila-Castro, Mr. MacDonald, Mr. Magady, Ms. Navarro, Ms. Otero, Ms. Poole

Members absent: Mr. Adler, Ms. Belton, Ms. Miles, Mr. Vasquez

### **II. READING OF MISSION STATEMENT AND MOMENT OF SILENCE**

The mission statement was read by Mr. Davila-Castro, and a moment of silence was observed for all requested intentions.

### **III. GENERAL PUBLIC COMMENT**

None.

### **IV. APPROVAL OF MAY 7, 2012 MINUTES**

Approved on motion of Mr. Castano, seconded by Mr. MacDonald, by consensus.

### **V. APRIL 2012 FINANCIAL REPORT APRIL 2012 FINANCIAL REPORT – NPER**

April 2012 Financial Report approved on motion of Mr. Castano, seconded by Mr. MacDonald, by consensus. April 2012 Financial Report – NPER approved on motion of Mr. Castano, seconded by Ms. Otero, by consensus.

In accordance with California Government Code Section 53646(b)(1), Ms. Otero reported on interest income for April 2012.

### **VI. PASC'S CHECK SIGNING POLICY**

Ms. Otero presented the policy for information only.

### **VII. SUNSHINE FUND**

Ms. Otero presented the fund statement, and requested that discussion be tabled until next month's meeting.

Ms. Navarro reported that Mr. Thompson was unable to attend this meeting due to the serious illness of a family member.

### **VIII. RESOLUTION: CONDUCT BUSINESS WITH UNION BANK OF CALIFORNIA**

Approved on motion of Mr. Castano, seconded by Ms. Becker Kennedy, by consensus.

### **IX. CHAIR'S REPORT**

Ms. Navarro reported that she and Ms. Becker Kennedy met with Assembly Member Mitchell regarding protection of dual eligibles in the pilot program, and access by Southern California constituents to committee meetings in Sacramento.

### **X. EXECUTIVE DIRECTOR'S REPORT**

1. **MONTHLY MANAGEMENT REPORT**
2. **COORDINATED CARE INITIATIVE (CCI)**

Mr. Hennemann reported that the state has revised its proposal, which reflects some stakeholder input. The number of pilot counties in the first year has been reduced from 10 to 8, and the pilot start date has been changed to March-June 2013. Excluded from the pilot will be individuals who are regional center participants, have end-stage renal disease, are under 21, have HIV/AIDS, or who are on a waiver. Individuals who are on a wait list for a waiver will be required to enroll, and will then be ineligible for a waiver. Individuals with a share of cost will be enrolled in managed care during months when they meet their share of cost; the mechanism for implementing this is unclear. Appeals and the fair hearing process will remain the same for IHSS and Medi-Cal for the first year. There is a 30-day comment period before the proposal can be approved. The revised proposal expects that health plans will contract with public authorities for the first year. The proposal requires participants to remain in managed care for six months; at that time, they are able to opt out of the Medicare portion only.

- a. **STAKEHOLDER WORK GROUPS**
- b. **CHCS/CDSS – PILOT COUNTIES, CSAC, CAPA, CWDA**
- c. **COMMUNITY FIRST CHOICE OPTION**

## **XI. LEGISLATIVE REPORT**

Mr. Hennemann reported that the Board of Supervisors is expected to vote in the coming weeks to authorize PASC to negotiate with the union for a \$0.65 wage increase, pending approval of the Community First Choice Option.

The governor's May Revise includes a 7% reduction in services for all IHSS consumers beginning August 1, 2012, cuts to domestic and related services for those in shared living situations, and implementation of Medi-Cal copays for prescription drugs and office visits.

Mr. Hennemann attended Capitol Action Day in Sacramento, and visited the offices of several legislators to discuss the Coordinated Care Initiative and the effect of the governor's proposed cuts on seniors and people with disabilities.

**Ms. Navarro requested information on submitting comments during the Coordinated Care Initiative proposal's 30-day comment period; Mr. Hennemann agreed to obtain this information.**

## **XII. DPSS REPORT**

Ms. Tostado-Hernández distributed copies of the letters sent to consumers and providers, advising them of last month's breach of IHSS/CMIPS security during mailing of microfiche records. DPSS is tracking calls received from consumers and providers regarding this issue. **Mr. Davila-Castro requested a report on these calls at next month's meeting; Ms. Tostado-Hernández agreed.**

Ms. Becker Kennedy reported on a consumer who has not received her new provider's enrollment form after several weeks, and a provider in San Diego County who was not paid for four months. Ms. Poole reported that it is difficult for consumers to speak with a representative at the Hawthorne office. Ms. Tostado-Hernández will report this information to her Division Chief.

Mr. Hennemann reported that PASC has organized an Issue Solving Team to directly help consumers and providers resolve problems with enrollment, orientations, timesheets, and paychecks, and encouraged Board members to refer individuals to this team. Ms. Becker Kennedy requested that DPSS and the union send letters to all consumers and providers to announce this team.

In response to a question from Ms. Navarro, Ms. Tostado-Hernández outlined DPSS procedures and resources for addressing problems, information provided to consumers, and coordination with PASC staff members.

**On motion of Mr. Castano, seconded by Ms. Becker Kennedy, by majority with one opposed, Mr. Adler and Mr. Thompson will be asked to again contact County Counsel to request access to consumer contact information.**

Julie Gionna recommended that DPSS take steps to avoid another security breach. Ms. Gionna also reported her positive experience enrolling new providers and receiving timely paperwork and prompt responses from the Burbank office.

### **XIII. CONSUMER UNION**

Ms. Becker Kennedy reported on individuals in Medi-Cal managed care who are experiencing severe delays in receiving treatment, and that only 15% of those who have applied for a specialist exemption have been approved. The Consumer Union demands that the state wait one year to launch managed care in order to put systemic corrections in place, that every individual receive one presumptive exemption, and that a 24-hour ombudsman office be created for same-day resolution of problems. Ms. Becker Kennedy is speaking with representatives from the Center for American Progress and CMS.

**On motion of Ms. Becker Kennedy, seconded by Mr. Castano, by majority with three opposed, PASC demands that 1) its people be treated in healthcare programs with no less than a 4-star rating for Medicare because they have complex and fragile conditions, 2) individuals receive two presumptive exemptions to their longtime disability specialist familiar with their condition, and 3) a robust office of the ombudsman be created to provide 24-hour same-day solutions when individuals arrive for treatment.**

Mr. MacDonald objected to this motion, because it is not on the meeting agenda as an action item and no documentation or analysis has been provided, and objected to the conducting of the meeting and reliance on hearsay. Mr. MacDonald recommended that the Board instead ask staff members to take the issue under advisement and bring further information to next month's meeting.

As a point of process, Ms. Otero reminded Board members that counsel has previously verified that all agenda items are subject to action, and, procedurally, motions can be raised on any item.

### **XIV. UNION ISSUES**

Manuel Tapia from ULTCW reported that he has spoken with consumers who are unable to reach their social workers, and that the union tries to assist all consumers and providers who call with these issues, regardless of union membership.

Mr. Tapia conveyed Mr. Csekey's apologies for his absence; Mr. Csekey is coordinating upcoming civil disobedience events in Wisconsin and Sacramento. Mr. Tapia distributed the union wallet cards previously requested by the Board.

**Ms. Becker Kennedy suggested that the next PASC E-News include the union's call center phone number; Ms. Navarro agreed.**

**XV. MISSION MOMENTS**

**XVI. NEW BUSINESS**

In response to questions from Ms. Argenta and Mr. Castano, Mr. Oliver confirmed that L.A. Care and HealthNet have been invited to make presentations at next month’s meeting.

Mr. MacDonald thanked PASC’s staff for the recent Open House at its new location.

**Mr. MacDonald also asked Ms. Navarro to include an item in next month’s closed session regarding Board conduct; Ms. Navarro agreed.**

**XVII. CLOSED SESSION**

None.

**XVIII. ADJOURNMENT**

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Approved by

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Date minutes approved

**ACTION POINTS**

- Ms. Navarro requested information on submitting comments during the Coordinated Care Initiative proposal’s 30-day comment period; Mr. Hennemann agreed to obtain this information.
- Ms. Tostado-Hernández distributed copies of the letters sent to consumers and providers, advising them of last month’s breach of IHSS/CMIPS security during mailing of microfiche records. DPSS is tracking calls received from consumers and providers regarding this issue. Mr. Davila-Castro requested a report on these calls at next month’s meeting; Ms. Tostado-Hernández agreed.
- On motion of Mr. Castano, seconded by Ms. Becker Kennedy, by majority with one opposed, Mr. Adler and Mr. Thompson will be asked to again contact County Counsel to request access to consumer contact information.
- On motion of Ms. Becker Kennedy, seconded by Mr. Castano, by majority with three opposed, PASC demands that 1) its people be treated in healthcare programs with no less than a 4-star rating for Medicare because they have complex and fragile conditions, 2) individuals receive two presumptive exemptions to their longtime disability specialist familiar with their condition, and 3) a robust office of the ombudsman be created to provide 24-hour same-day solutions when individuals arrive for treatment.
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